

NEW PROVIDER APPLICATION (SUPPLEMENTARY)

SECTION 1: APPLICANT INFORMATION					
1. NAME (Last, First, Middle)			2. TELEPHONE NUMBER () EXT.		
3. E-MAIL ADDRESS		4. COMPANY NAME			
5. COMPANY STREET ADDRESS					
6. CITY		7. STATE		8. ZIP CODE	
9. DATE OF BIRTH (for criminal history check)		10. BONDED (if yes, state bonding county) NO <input type="checkbox"/> YES <input type="checkbox"/> County: _____		11. BUSINESS LICENSE (if yes, provide number) NO <input type="checkbox"/> YES <input type="checkbox"/> Number: _____	
12. BUSINESS INFORMATION <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> INCORPORATION <input type="checkbox"/> LLC DESIGNATION <input type="checkbox"/> OTHER (describe) _____				13. NUMBER OF YEARS PROVIDING TRAINING (for public and/or private entities)	
14. COMPLETION OF AN INSTRUCTOR DEVELOPMENT COURSE (if yes, please describe and include dates) NO <input type="checkbox"/> YES <input type="checkbox"/> Course: _____ Dates Attended: _____				15. REVIEWED THE POLICY AND PROCEDURE MANUAL FOR TRAINING PROVIDERS NO <input type="checkbox"/> YES <input type="checkbox"/>	
16. TRAINING EXPERIENCE (e.g., clients served with dates and contact information)					
Dates:	Client Name:	Title:	Phone: ()	Email:	
Dates:	Client Name:	Title:	Phone: ()	Email:	
17. REFERENCES (last two years)					
Name:	Title:	Phone: ()	Email:		
Name:	Title:	Phone: ()	Email:		
18. PENDING OR PAST LITIGATION CONCERNING YOUR BUSINESS (if yes, please elaborate) NO <input type="checkbox"/> YES <input type="checkbox"/> Details:					

19. TYPE OF TRAINING TO BE PROVIDED CORE <input type="checkbox"/> ANNUAL <input type="checkbox"/>	20. COURSE LESSON PLAN NO <input type="checkbox"/> YES <input type="checkbox"/>
21. PROVIDE A BRIEF DESCRIPTION OF TRAINING TO BE PRESENTED TO STC AGENCIES	
22. PROVIDE A BRIEF NARRATIVE ON WHY YOU WOULD LIKE TO BECOME AN STC PROVIDER	

<p>I certify that I will adhere to STC Program regulations and the <i>STC Policy and Procedure Manual for Training Providers</i> in course delivery, documentation, and billing. I further certify that all information submitted to the Board of State and Community Corrections under the auspices of the User ID and PIN I receive pursuant to this application will be accurate to the best of my knowledge.</p>	
<p>23. SIGNATURE OF APPLICANT (in full)</p>	<p>24. DATE</p>